
USER GUIDE

Telemedicine 101

A quick-start guide to using telemedicine at your practice or healthcare organization during COVID-19 and beyond.

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SECTION 1

Introduction

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SECTION 1: INTRODUCTION

What is telemedicine?

The current climate has turned a new spotlight on virtual care. But telemedicine has actually been on the rise for years, as the technology steadily progressed, and consumer familiarity and comfort levels grew.

Between 2010 and 2018, adoption of telemedicine increased more than 200% — and in the face of COVID-19, usage has skyrocketed. Telemedicine allows physicians to continue to care for patients remotely, from the comfort of their own homes.

Telemedicine and all of its benefits have come sharply into focus during the global healthcare emergency. For those just playing catch-up, the process need not be intimidating. With a simple preparedness plan, confidence in your team, and an easy-to-adopt video platform, you'll be fully enabled to keep doing what you do best: caring for patients.

Telemedicine: A high-level overview

Telemedicine uses advanced technologies to conveniently connect healthcare providers to patients in real time, remotely, even from home.

Who? Telemedicine is used by a wide range of care providers — physicians, nurses, admins, advocates, and specialists — across many fields of service, such as standard clinical care, psychiatry and counseling, patient education, and more.

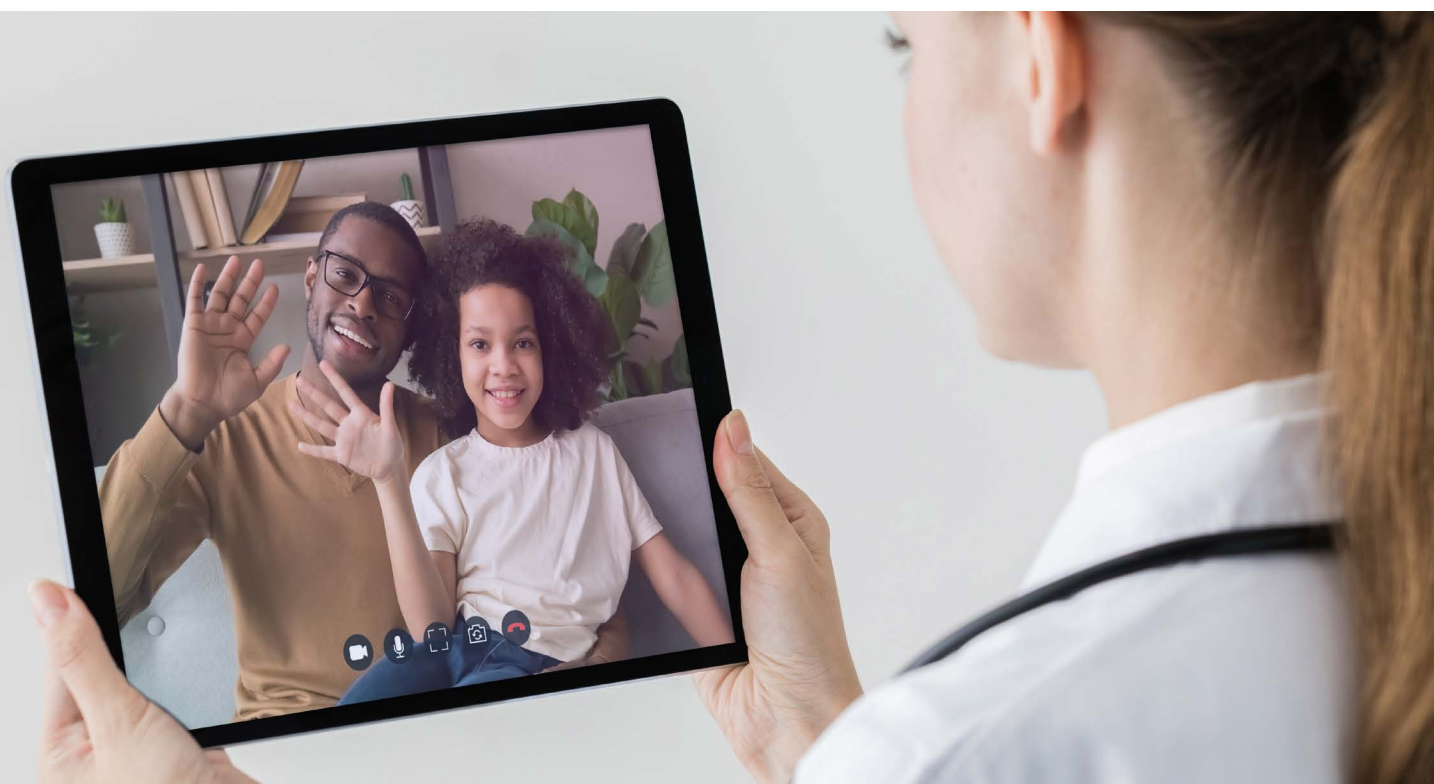
What? When we talk about telemedicine, we mean patient care that's delivered through virtual waiting rooms, video portals, VPN calling, and text/chat tools to enable communications between providers, patients, and staff.

Where? Telemedicine can be used anywhere both provider and patient have access to the internet through a smartphone, tablet, or laptop/desktop.

When? You decide! Telemedicine makes taking appointments, scheduling, connecting, and nearly all aspects of delivering healthcare easier and more flexible.

Why? Now, more than ever, tech-enabled solutions are needed to meet societal demand, patient convenience, and industry security standards.

This guide provides a deep dive into everything you need to know about implementing telemedicine services at your practice or healthcare organization, from the benefits of a virtual practice to the practical measures you can start taking today to get up and running in no time.



SECTION 2

Benefits

2.1

Benefits of a virtual practice

SECTION 2: BENEFITS

Benefits of a virtual practice

Telemedicine has helped tear down barriers to care. With more freedom to practice anytime, anywhere, a virtual office not only has demonstrative upsides for physicians, but it also improves patients' access to high-quality healthcare.

1. Attract new patients.

Healthcare searches are at a record high. Doctors can leverage this opportunity to build a pipeline of new patients virtually. Patients are open to it: 55% say they would see a new physician via telemedicine. As the country reopens and pent-up demand for nonessential care surges, patients who had virtual consultations can follow up with in-person visits — and those still hesitant to return to an office can seek care through telemedicine.

2. Save hours of your time.

For physicians, telemedicine is a huge time-saver. Virtual appointments are more efficient than in-office visits, lasting on average just 12 minutes, so physicians can see more patients in less time and focus their energy where it's most needed.

3. Expand care to rural or underserved communities.

One significant downside of living in a rural area is a lack of access to high-quality healthcare. Clinics are often far away, and urgent care is hard to come by. Telemedicine brings treatment right into the patient's own home, so they don't need to drive hours to see a physician. Plus, getting rural communities set up with telemedicine now can curtail transmission before serious illnesses like COVID-19 can spread through those areas.

4. Slow the spread of viruses and infectious diseases.

With the shared goal — and responsibility — to “flatten the curve” during a healthcare crisis, telemedicine has a significant role to play, allowing patients to shelter in place while receiving the care they need. This can also curb unnecessary traffic to ERs;

REDUCE PATIENT FRUSTRATION

The average in-office visit takes up 121 minutes of a patient's time — including 101 minutes of travel and waiting to be seen by the physician.¹ Nearly a third of patients have simply left a doctor's office because the wait took too long.² Telemedicine circumvents this major patient frustration, reducing no-shows, late arrivals, and cancellations at the same time.

84%³ of patients would prefer a virtual appointment over going to the emergency room, if the option were available to them. With virtual appointments, there are no waiting rooms to disinfect, and patients aren't bumping into each other. This means you can save the in-office visits for those who truly need it.

5. Maintain continuity of care.

The need for regular or routine care doesn't go on hold during a crisis. A large segment of the US population requires follow-up appointments, medication management, treatment of chronic conditions, or care for urgent non-coronavirus-related issues, and they will still need to be seen, one way or another. Many more may still want to engage or check in with their doctors. Telemedicine is a no-brainer for continuing to deliver care, reduce anxiety, help patients adhere to prescription or wellness regimens, and even grow patient loyalty for years to come. *(For more about how to provide care through telemedicine, [see section 6.](#))*

6. Improve patient satisfaction along with your online star ratings.

67% of patients report that telemedicine improves their overall satisfaction with the care they've received.⁴ And one in five says they'd even pay *more* for a virtual consultation. Giving patients the option to seek treatment remotely will not only impact their sentiment toward your business, but it can also lead to more favorable reviews and higher star ratings overall.

7. Gain favor with the millennial demographic.

Millennials will soon make up the entire patient or caregiver population, and 74%⁵ prefer telemedicine's convenience over in-person appointments. By engaging millennials virtually today, you may be gaining a patient for life.

8. Future-proof your practice or hospital.

76% of hospitals have implemented telehealth technology⁶ in some capacity. Getting started with telemedicine services not only makes your organization more competitive now, but it also sets your practice up for success for years to come, as use of telemedicine grows. Telemedicine isn't going anywhere: 83%⁷ of patients report that they are somewhat to *very* likely to use telemedicine in a post-COVID-19 world. Plus, once they're used to receiving care in the comfort of their own homes, the only time they will want to set foot into a waiting room is when it's 100% necessary.



SECTION 3

Landscape

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SECTION 3: LANDSCAPE

Today's telemedicine landscape

Telemedicine is exploding with our times. Never before has the demand for connectivity been more urgent or, frankly, possible. Technology has converged with adoption — and a pandemic — to modernize healthcare, to make it more flexible and powerful, and to aid providers in caring for their patients, no matter what the conditions.

Online platforms are popping up all over the marketplace to handle this demand and to scoop up business — to the tune of a projected \$185.6 billion⁸ by the year 2026. However, it seems that in terms of compliance, convenience, and key features, not all are created equal.

Telehealth, telemedicine, and telecare: What's the difference?

Depending on where you are in the world, what hospital or clinic system you're a part of, or what brand of service is being used, what we call "telemedicine" might be referred to by different names. In fact, you might even hear the terms below used interchangeably, despite their slight distinctions.

- **Telemedicine:** Telemedicine is an umbrella term for "virtual doctors' appointments," allowing for a patient and their care provider to meet in real time and from the convenience of one's home, office, or even another clinic.
- **Telehealth:** Similar to telemedicine, telehealth refers to the broader range of services beyond just the doctor-patient relationship, including those involving caregivers, pharmacists, social workers, patient educators, etc.
- **Telecare:** Telecare refers to the specific, broadband-enabled telecommunication technologies that make telemedicine possible, such as video conference platforms, online calling, chat services, etc. But telecare might also refer to the software and integration tools that help keep patients healthy at home (such as apps, trackers, medication reminders, sensors, and schedulers).

Telemedicine now falls into 4 broad categories

When adopting telemedicine for your practice, there are choices at every telecare level. However, due to the COVID-19 pandemic, many physicians' offices had to make these decisions hastily and for the first time, unsure of how far to look ahead.

To make this analysis easier, we've broken down what you can expect from each offering.

1. Telemedicine marketplaces

These are the established, multinational telemedicine and virtual healthcare companies offering an array of services that fully integrate with insurance, EHR, schedulers, AI and analytics, licensable platforms, etc. If you desire a full-service, tech-supported approach to telehealth, look in this category — but, of course, it all comes at a price.

PROS: These marketplace solutions are large and flexible, offering providers different ways of entering the ecosystem — at potentially great value.	CONS: These systems can be complicated, slow, and arduous to adopt and integrate into — not to mention that they come with a high cost of entry, depending on how they're used.
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2. Robust EHR-integrated telemedicine solutions

These platforms securely connect doctors with patients via HIPAA-compliant audio, video, and text functionality, with several other integrations possible, such as prescriptions and billing, referrals, chat translate, and malpractice coverage. However, these are far from simple plug-and-play systems: They require time to download, set up, integrate, and test.

PROS: These fully integrated telemedicine solutions can allow physicians to create and/or pull in the records they already use to streamline their entire telemedicine system.	CONS: Functionality comes at a cost, and they can take a lot of time to implement: downloading apps and drivers, training and onboarding users, and generally being laborious to set up.
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3. Free, no-frills solutions

If you're looking for free, easy-to-adopt software — that's still safe and secure as well as HIPAA compliant — a no-frills solution will get the job done — and then some. You won't find much integration with EHR software in this category, but you will find all the most important safety, security, and compliance features included, with some additional perks.

PROS: No-cost, no-frills solutions check all the boxes. Their simplicity makes adoption fast and ideal for offices, physicians, and patients who may struggle with technology.

CONS: With few EHR integrations and no bells and whistles, working with patient records, refilling prescriptions, and streamlining scheduling might seem clunkier at first but can be overcome after a workflow is established.



FEATURED SOLUTION

Try VirtualVisit by Doctor.com

Simple, secure, and free, Doctor.com's VirtualVisit has all the basic features and functionality, including HD video, a virtual waiting room, and meeting history. Plus, it's fully HIPAA compliant, ensures physician privacy, and is lightweight enough that implementation takes just five minutes or less.

Learn more about VirtualVisit at:

[DOCTOR.COM/VIRTUALVISIT](https://doctor.com/virtualvisit)

4. Emergency-related stopgaps

In response to the COVID-19 epidemic, a fourth category has emerged as a way to meet the important demand for patient and provider connectivity.

Regulators⁹ have at least temporarily lifted a number of rules and HIPAA regulations so patients can reach their doctors more efficiently through popular consumer-facing video and messaging platforms. As a result, several non-HIPAA-compliant communication platforms have been adopted — including Zoom, FaceTime, and Google Hangouts Meet — but many face security and/or privacy concerns. Zoom, for example, quickly went to market with a healthcare-specific tool (for \$200/month), but recent security breaches and “Zoombombings” have healthcare professionals shying away from the video conferencing platform. Others pose communication and integration problems — like Apple's FaceTime, which requires using a certain OS, leaving Android users out.

4. Emergency-related stopgaps (cont.)

PROS: Depending on the user, these consumer-friendly platforms could offer fast adoption and fill a temporary demand.

CONS: Non-HIPAA-compliant consumer platforms can pose privacy concerns for patients as well as providers — making the long-term viability of these options unlikely. Additionally, they offer few other ways to work within your current or future healthcare system (EHR integration, telecare products, etc.).

Choosing telecare: The bottom line

If getting your patients, clinic, and staff up to speed quickly is of utmost importance, consider one of the many free software solutions built on secure, HIPAA-compliant infrastructure. These services can add functionality to your practice fast, without having to build an end-to-end telecommunications system from the ground up. And, since the free, consumer-facing platforms won't be viable after HIPAA regulations return, you won't be frustrated by the inefficient process of learning a new system in the future.



SECTION 4

New rules and regulations

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SECTION 4: NEW RULES AND REGULATIONS

Telemedicine in the age of COVID-19

Even before this historic pandemic, patients were eager for more flexible access to their healthcare providers. One recent report found a whopping 71%¹⁰ have considered using telemedicine recently, and 20%¹¹ would even pay *more* for it. So, where has telehealth been, and why haven't we been using it all along?

What were the rules before COVID-19?

Prior to the COVID-19 pandemic, the Department of Health & Human Services' Office of Civil Rights (OCR) was under strict authority to enforce the Health Insurance Portability and Accountability Act of 1996 (or HIPAA, as amended by 2009's HITECH Act). HIPAA rules were enacted to give patients more control and protections around who can have access to their medical information — and therefore limited what electronic messaging protocols could be used to send a patient's electronic health records (EHR).

As a result, the last decade has seen a myriad of robust EHR-integrated and HIPAA-compliant telemedicine platforms emerge to fill this niche in telecare, but many have been expensive to acquire, difficult to train on, and arduous to adopt both quickly and at scale.

What changed during the COVID-19 pandemic?

During the period of social distancing, in order to meet the demand for expanded healthcare and to prevent the nation's population from commuting, traveling, and spreading COVID-19, the US government relaxed a number of HIPAA rules and regulations so that doctors can continue to communicate with their patients and each other.

To enact these short-term changes, the OCR issued a special type of notice called a Notification of Enforcement Discretion (NOED), which under law is exercisable under specific circumstances (found in Section 3.8 of the policy), such as when the period of noncompliance shall be short, temporary, and nonrecurring. Assuming we all do our part heeding the CDC's guidelines for social distancing, these are the pandemic outcomes we can both hope for and expect.

What do these short-term changes mean for physicians?

The lifted HIPAA restrictions for the period of lockdown do a few specific things,

including expand the list of qualifying conditions that can be treated with telemedicine and allow certain popular (non-public-facing) video and messaging platforms to be used for telemedicine. These platforms offer end-to-end encryption, personal log-in accounts, and private communication between two users. (On the other hand, public-facing platforms have the capability to share or broadcast externally and are therefore not allowed for use in telemedicine at any time.)

Even though these popular platforms *could* offer fast adoption to meet today's high demand, when the pandemic ends, most of these consumer products will become noncompliant overnight.



STAY UP TO DATE

For the most up-to-date list of allowed platforms, always refer to the US Department of Health and Human Services website: [hhs.gov](https://www.hhs.gov)

Whom does this affect?

These broad federal regulation changes apply to HIPAA-covered healthcare providers everywhere in the country, no matter what field and with no limit to the types of patients they can serve (including those who do or do not receive Medicaid or Medicare benefits). Previously, only certain locales were approved for physician appointments (usually conducted from the privacy of a clinic or only available in low-density communities). Now virtual appointments can be conducted anywhere there's internet. That said, the [OCR/CMS](#) still requires that "good faith" measures be taken to protect a patient's privacy whenever possible — e.g., discussing sensitive topics in a private room with a closed door. Conversely, conducting yourself in "bad faith" would mean knowingly committing fraud or breaking the law.

How will my practice be impacted after COVID-19?

While it's imperative to get through this historic time in whatever way possible, it's also prudent to think ahead about how your clinic may be affected when the pandemic is over. A large majority of patients say they will consider using telemedicine in the future, which means your solution is far from a short-term necessity. Getting up to speed with a telehealth protocol and platform now — only to have to turn around and learn another one later on — would take time, effort, and focus few physicians can afford. Adopting a platform that is not only HIPAA compliant today but will also be once the dust settles will save you energy in the future.



REMINDER

Always check your local rules and regulations around telemedicine to ensure you're adhering to current policies.



SECTION 5

Adapt your practice

5.1

How to adapt your practice to telemedicine

SECTION 5: ADAPT YOUR PRACTICE

How to adapt your practice to telemedicine.

Even before a global pandemic made it a necessity, adoption of telemedicine was already on a sharp rise — up 33%¹² over the year before. This illustrates just how ready physicians should be in embracing a new tidal wave of interest in telemedicine not only now, but well into the future.

But best practices around how to roll out one of these initiatives are not always obvious or turnkey. While choosing and launching a new platform can be exciting, even a little preparation can go a long way in helping things run more smoothly. Here's how to best get up and running with your new telecare system once you've selected your platform.

1. Assemble your task force.

First decide on a commonsense workflow that best suits your medical practice. Reevaluate who needs to be involved and what aspect of the appointment they'll handle. Who's scheduling? Who's prescreening? Who's following up? Walk these team members through their platform setup, and do a few test runs to make sure everyone's clear on exactly what happens, start to finish, so that each appointment goes smoothly.

2. Get the word out.

Kick-starting your virtual practice is not unlike opening a new office: You will need to build a patient following and establish your presence online first. Update your website by showcasing your new telemedicine offerings, and update your profile information on all third-party websites and directories as well.

3. Empower patients to make the most out of the virtual visit.

Before starting, check that your patient has a strong and reliable wifi connection to limit interruptions. And set the patient's expectations from the beginning — if you're running late or need to reschedule, ensure you or your staff are communicating with the patient prior to their appointment time. *(For more on the patient experience, [see section 7.](#))*

4. Gain trust through patient reviews.

Make sure to solicit patient reviews on your practice's telemedicine services just as you would in-person appointments. Patients who are hesitant to schedule a virtual visit may be won over based on what they find online in terms of reviews or social media testimonials — making it all the more critical that your online reputation stays fresh, responsive, and showcasing reviews from your happiest patients.

5. Demonstrate the human side of your practice.

Interacting via the screen will always seem less engaging and warm than an in-person appointment. Therefore, physicians must remember to practice active listening and rely on nonverbal cues to show you're paying attention. Looking directly into the webcam for virtual eye contact helps, as does repeating back what your patient says to demonstrate understanding. *(For more on physician etiquette, [see section 10.](#))*

6. Don't feel pressure to be perfect.

Any new process is bound to encounter a few bumps in the road, and most patients will be understanding. This is a forgiving time; many are simply happy to have healthcare at all. However, if you want to ease into telemedicine, consider starting out with a smaller "beta group" to get comfortable, then add more patients to the queue as time goes on.



SECTION 6

Specialty-specific advice

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SECTION 6: SPECIALTY-SPECIFIC ADVICE

How different specialties can use telemedicine

Telemedicine sounds great in theory, but how does it work in practice? In fact, many specialties have found ways to take advantage of telemedicine's benefits and continue to care for patients remotely. According to a recent survey,¹³ patients are open to seeing a variety of different specialists virtually. Most notably, they would seek telemedicine services for allergy/ear, nose, and, throat issues (48%); routine or preventative care (45%); mental health/therapy (45%); COVID-19 screening (34%); GI/stomach-related issues (30%); pain management/regenerative medicine (29%); arthritis (25%); and dermatologic or cosmetic surgery consultations (24%).

As a general rule of thumb, telemedicine has been shown to be effective for the following areas.

- Care for patients on strict treatment or wellness regimens to ensure compliance and manage medications
- Care for chronic conditions and remote patient monitoring/check-ins
- Education on nutrition, exercise, and wellness
- Care for infectious diseases that are at lower risk of spread
- Preliminary consultations and discussions for possible treatment routes

Telemedicine use cases by specialty

The practical applications of telemedicine will vary by physician, specialty, patient, and location. Here are some of the different ways specialties have implemented telemedicine effectively and successfully.

COSMETIC

Initial, face-to-face consultations can be conducted virtually, expediting diagnosis and helping patients get treatment faster. Telemedicine is also an easy way to get a second opinion if warranted. After surgery, physicians can offer remote follow-up evaluations. If a patient expresses concerns about healing or anything post-op, telemedicine technology lets them actually show the physician whatever they need to look at and address.

DERMATOLOGY

High-definition video on your patients' personal devices makes it possible to diagnose and treat many conditions from home. Virtually refill prescriptions, discuss lab results, review imaging, and manage chronic diseases. Telemedicine may be appropriate to discuss and/or treat viral skin lesions, acne, skin cancer and biopsy follow-up, pigmented lesions, and common skin diagnoses.

OB/GYN

Discuss lab results, manage medications, and monitor serious ongoing conditions, like gestational diabetes, hypertension, preeclampsia, or postpartum depression. Since travel may also strain patients who are currently pregnant, recently have given birth, or are recovering from C-sections, remote care can be the preferable option, as patients get treatment in the comfort of their own homes.

PAIN MANAGEMENT AND REGENERATIVE MEDICINE

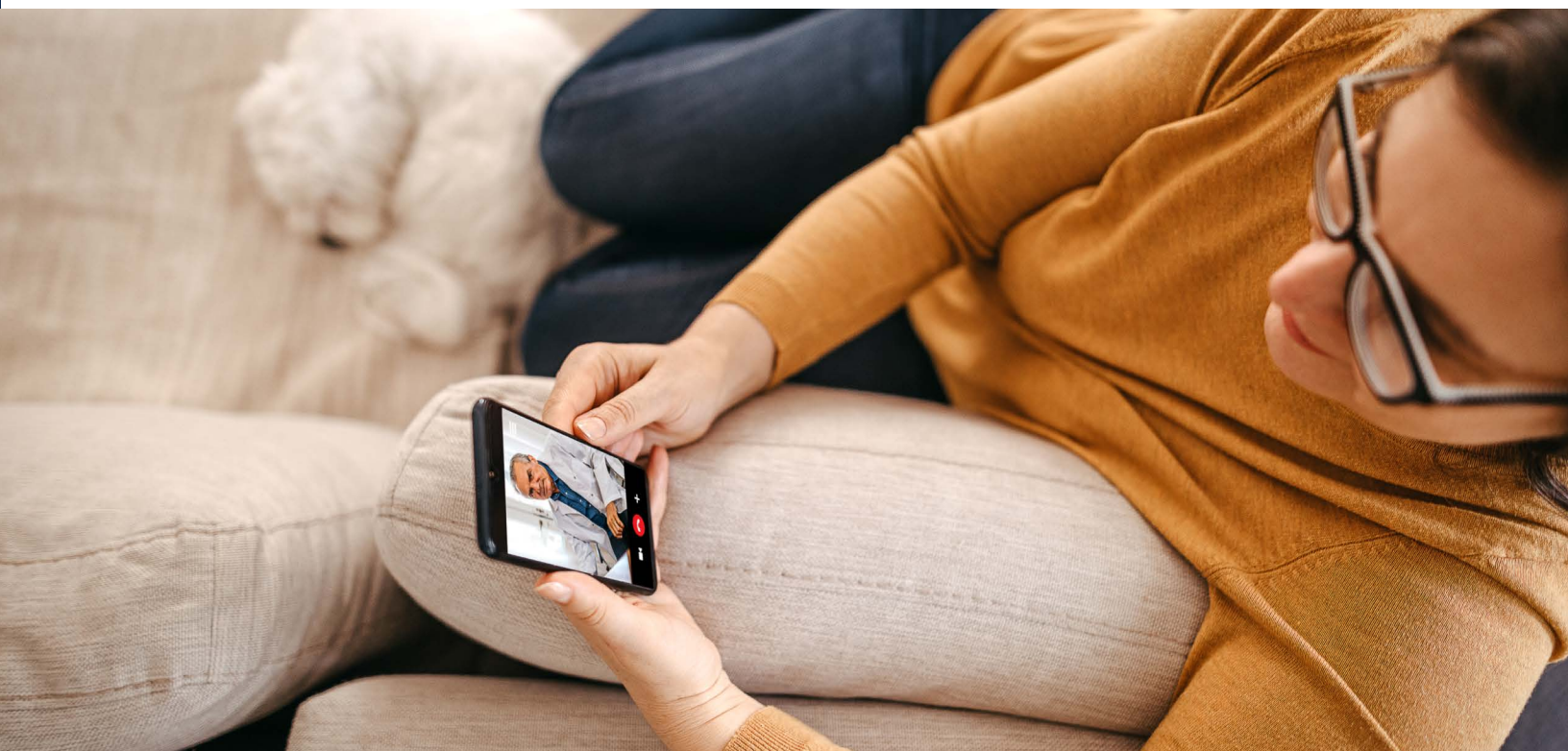
When it comes to pain management, it is difficult to determine what is elective vs. medically necessary care. Telemedicine can replace in-person follow-up visits after a patient has undergone a regenerative treatment or procedure, or it may be used to monitor and adjust medication needs remotely.

MENTAL HEALTH

Conversation-based care has a long history of success in the telemedicine space. Virtual, remote appointments may be appropriate to follow up with patients suffering from anxiety and/or depression, meet with ADHD patients adjusting to new medications, and provide routine psychotherapy.

PULMONOLOGY

Patients suffering from respiratory diseases may need special attention during this time. Telemedicine can be a potentially life-saving measure to keep them out of the ER. Physicians and therapists can conduct virtual appointments to educate patients further on their conditions, teach them how to identify symptoms and triggers early on, demonstrate proper inhaler usage, and counsel patients on quitting smoking.



SECTION 7

What patients should expect

7.1

Set patient expectations for the virtual visit

SECTION 7: WHAT PATIENTS SHOULD EXPECT

Set patient expectations for the virtual visit

Patients new to telemedicine may have questions or concerns related to their responsibilities during the appointment, what the experience entails, and what outcomes to expect. Like any in-office visit, get informed consent ahead of time. Explain what a virtual appointment is as well as the risks — including security breaches and misdiagnosis.

The good news? Telemedicine has been shown to improve patient satisfaction with the care they receive. It's easy to see why. With virtual appointments, there are no long commutes or wait times, and everything is conducted from the comfort of their own homes. In fact, telemedicine in many ways mimics the patient experience with other industries — fast, convenient, and flexible care, at their fingertips.

Make sure the patient is set up with a fast, secure internet connection.

Have your patient test their broadband ahead of time to minimize disruptions and service issues during the appointment. There are several online resources that let them check the speed of their connection. Disconnecting other devices from the wifi network can help improve speed if they're experiencing lag.

Encourage your patients to use the right device for the appointment.

68%¹⁴ of patients prefer to use mobile phones during telemedicine appointments, and for some specialties — like dermatology and cosmetic consultations — a smartphone is the right choice. A smartphone will give patients the mobility to show you skin conditions or parts of their bodies you need to be aware of, whereas desktops, laptops, and even larger tablets don't offer that kind of flexibility.

However, other specialties — including mental health services and pain management — may find the movement of the mobile device jarring or otherwise distracting. Think about your goals for the appointment and make recommendations about which type of device your patient should use accordingly.

Get them to restart their device before the scheduled appointment.

Processes or programs may be running in the background using their webcam or microphone or simply slowing down the device. This will affect the quality of the

virtual appointment. Encourage your patients to restart their machine before the appointment to reset it, making sure they have the optimal experience.

Ask patients to use an external headset or mic.

Using an external headset or microphone improves the audio function for both sides of the conversation, lowering your risk of miscommunication and saving time overall. If your patients have access to these devices, request that they use them.

Suggest a calm, quiet, and clutter-free environment.

Just like you need a private space to conduct each virtual appointment, your patient should find a quiet, distraction-free part of their home when they're being seen. Ideally, only the patient and necessary parties will be present so they can focus on the appointment.



SECTION 8

Billing

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| 8.1 | Billing and pricing best practices with telemedicine |
| 8.2 | What's changed regarding billing and payment during COVID-19? |

SECTION 8: BILLING

Billing and pricing best practices with telemedicine

Policies regarding telehealth reimbursement will vary state by state and payer to payer. Some states have enacted parity laws to force insurance companies to handle telemedicine appointments on par with in-person visits while others have no such requirements.

Involve your billing department early on to make sure everyone's on the same page; you adhere to current federal, state, and payer regulations; and you understand current coding rules for telemedicine.

What's changed regarding billing and payment during COVID-19?

The Centers for Medicare & Medicaid Services (CMS) have loosened regulations in order to give the healthcare system maximum flexibility in this pandemic — which, as the largest health insurer in the nation, serve more than 140 million Americans on:

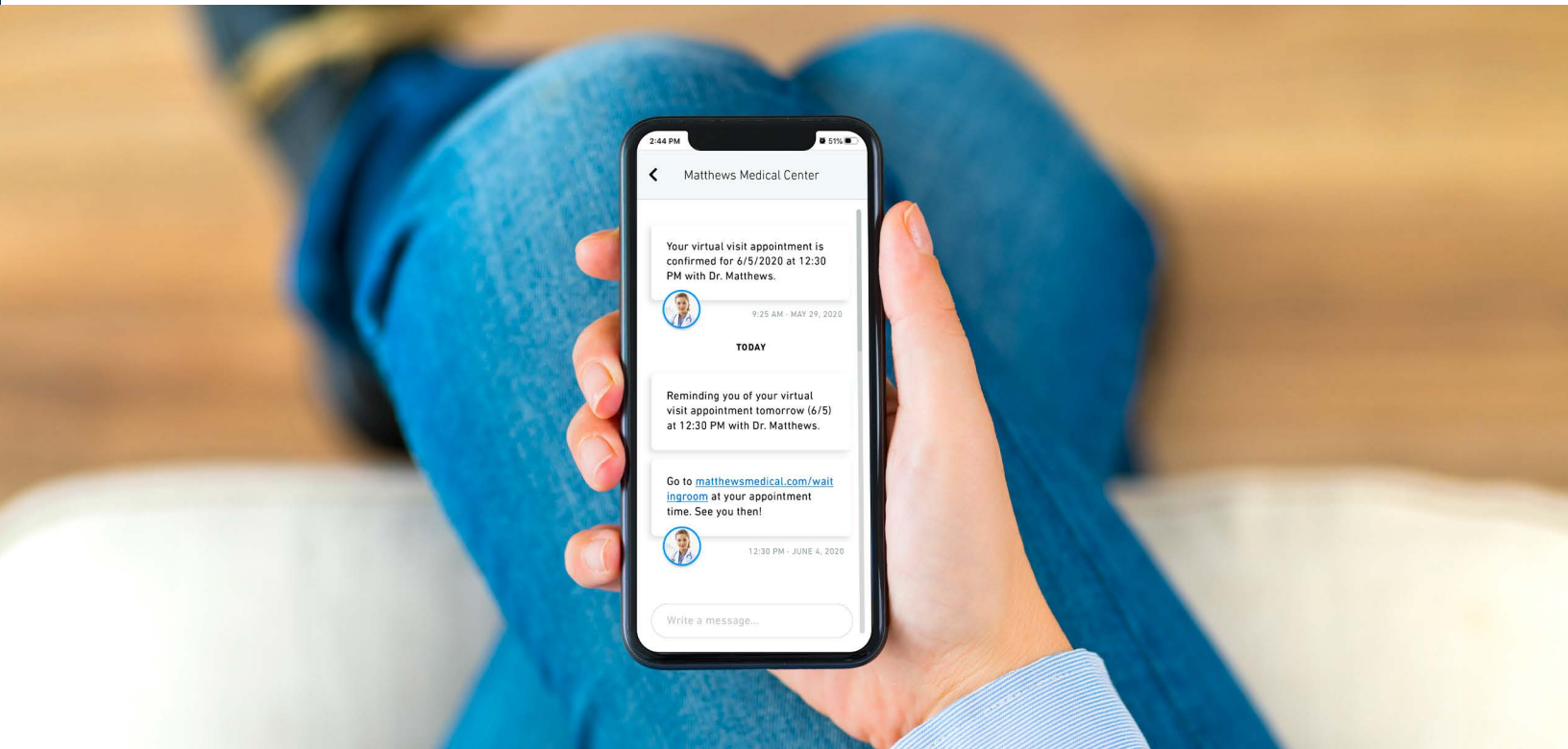
- Medicare
- Medicaid
- The Children's Health Insurance Program
- Federal Exchanges

Several changes have been made to the billing procedures for Medicare and Medicaid. For example, until further notice:

- Medicare and most other insurers will now cover real-time telemedicine appointments, billed at the same rate as in-office visits.
- Telehealth services may now be conducted for Medicare patients via text messaging apps and/or via nonpublic video platforms, without restriction.
- Many of the prior documentation requirements for telemedicine, such as a physical and/or medical history on record, are no longer required.
- Payments remain largely the same; patients will pay their usual Medicare coinsurance as well as a deductible for your physician services.
- Before using any telecommunications service, patients need to consent verbally to using these tools, and consent must be included in a patient's medical record before proceeding.

- For telehealth visits paid for by the federal government, the Office of Inspector General (OIG) says it will reduce or even waive cost-sharing fees for providers — please visit the [OIG website](#) for more details.

To stay up to date with the rapidly evolving regulatory landscape, including current state-by-state laws and reimbursement policies, check the Center for Connected Health Policy at cchpca.org for the most recent and accurate information.



SECTION 9

Communication

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| 9.2 | A high-level overview |

SECTION 9: COMMUNICATION

Pre- and post-visit communication

All patient-centered care hinges on open, clear communication, which helps to strengthen the patient–physician relationship, improve trust, and promote better adherence to medication regimens and lifestyle changes overall.

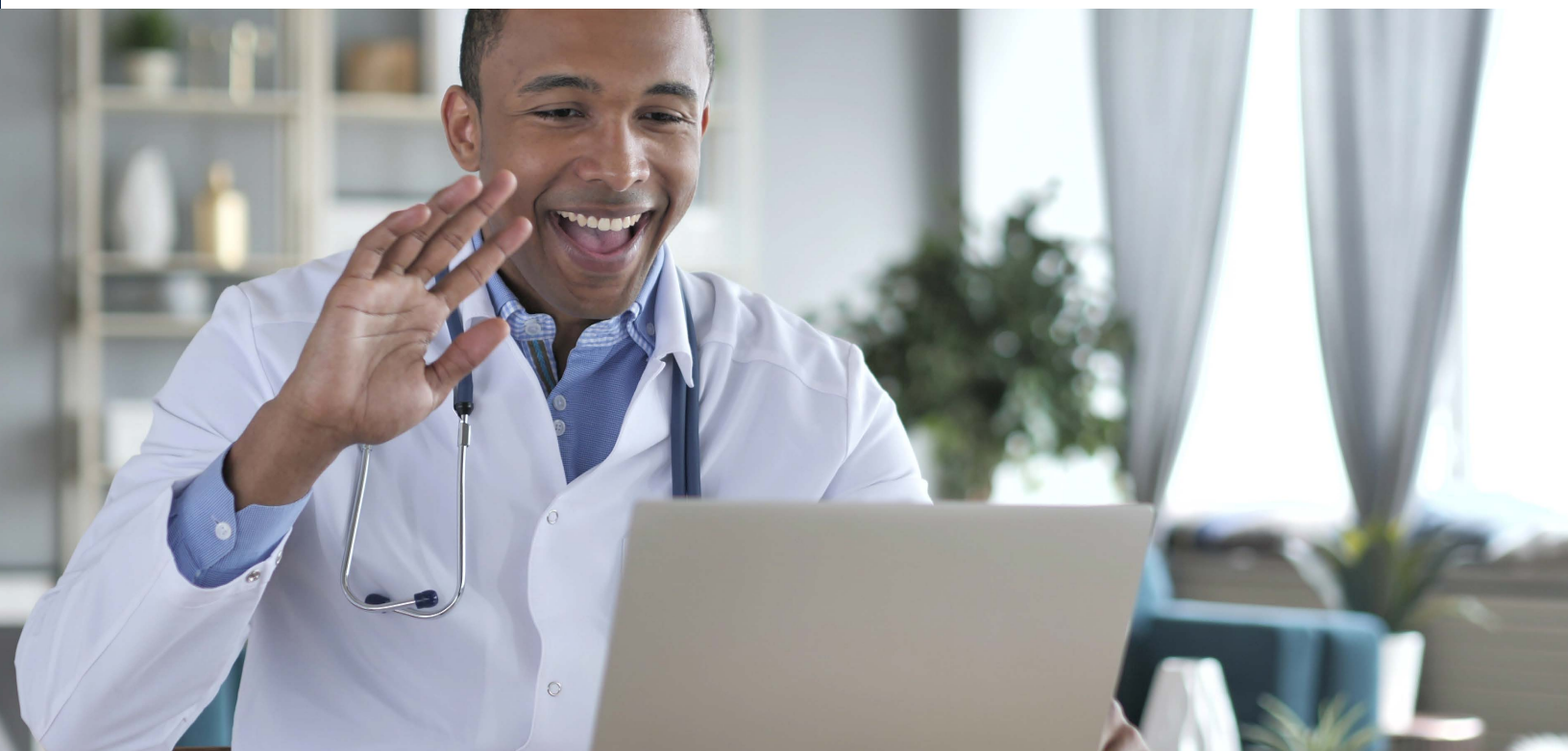
Patients largely prefer email or text communication with physicians¹⁵ instead of the phone, but ask what their personal channel of choice is. Not sure what they prefer? You might try reaching out through multiple channels to make sure your patient sees your message.

BEFORE THE VIRTUAL APPOINTMENT:

For appointment reminders, 61% of patients prefer text messages (vs. a phone call). After you've sent the reminder, get written or verbal confirmation before the virtual appointment begins to better ensure they'll show up. Email patients any intake paperwork so they can send it back to you, and get patient consent for the virtual appointment ahead of time to inform them of the process and any associated risks.

AFTER THE VIRTUAL APPOINTMENT:

When a patient leaves your physical office location, you may send them on their way with a prescription in hand or printed-out next steps. Though telemedicine prevents you from handing someone a piece of paper physically, follow up through their preferred method of communication. Ideally, you can email or text them clear action items, like medications, program details, or scheduling a follow-up, so they have an electronic record they can refer to at any point. Be sure to ask for feedback, too: This helps you improve the patient experience as well as spread the word about your telemedicine services to new patients in search of virtual care.



SECTION 10

Etiquette

10.1

Physician etiquette when practicing virtually

SECTION 10: ETIQUETTE

Physician etiquette when practicing virtually

Small details can go a long way in helping your patients feel at ease during their first few telemedicine experiences. Follow these best practices to help your patients get the most value out of their virtual appointments.

1. Dedicate a private area to conduct appointments.

Find a space that's conducive for holding private, professional, potentially sensitive meetings. Choose a quiet room with a door you can close during office hours. Test for sound quality — if possible, use an area of your home that's away from busy, noisy roads and other possible distractions. Put a "do not disturb" sign up and lock your door to minimize interruptions. Set your phone to silent mode and turn off any notifications so you can give each patient your full, undivided attention.

2. Set up your office.

Use a light source that is either overhead or in front of you. Natural lighting is ideal, but experiment with adjusting the brightness and angles to optimize what looks best on your camera (and note that if you *are* using natural lighting, it may shift over the course of the day). Set your webcam at eye level so you can make better eye contact through the screen. Use a blank wall or hang up a solid backdrop to keep patients focused on you during the appointment, and declutter your work area so you can more easily stay focused on them.

3. Dress the part.

Your virtual presentation should mirror your in-person presentation, so dress as you would at the office. If you wear white coats at work, be sure to do the same on camera. This will not only help familiarize your patient with the experience, but it will also get you in the right headspace to practice virtually.

4. Respect each virtual appointment like an in-office visit.

Show up on time, and have the patient's chart readily accessible. Having a clear understanding of the patient's reason for booking the appointment will help steer the conversation and set the tone for the entire experience.

5. Pay attention to your body language.

Soft factors, like your facial expressions and body language, are more important during virtual appointments, as your physical presence can't be felt by patients. The good news is that seeing yourself in video can help you course-correct if you start to slouch or otherwise seem distracted (just try not to look at yourself too much). Adopt an open, relaxed stance to help put your patients at ease and make them feel comfortable talking to you, and avoid moving around too much, which can be distracting.

6. Speak slowly and clearly in the direction of the camera.

Lag times, connectivity issues, background noise, and other unpredictable factors can make it hard to understand the person on the other side of the virtual appointment. You may need to speak more slowly than you do in person to overcome these practical issues and allow your patient to process new information.

7. Use verbal and nonverbal cues to show that you're listening.

When physical proximity isn't possible, you will need to go the extra mile so nothing in the patient–physician relationship is lost. Practice active and empathetic listening: Repeat what your patient is saying back to them to show that you've understood and let them make corrections. Use nonverbal cues, like nodding your head or raising your eyebrows, to signify to your patients that you're paying close attention.

8. Overcommunicate.

There's no such thing as overcommunication in a time of crisis and great uncertainty. You may find that patients are more distracted. And tech glitches during a virtual appointment may lead to miscommunication. (*For more on communication, see [section 9.](#)*)

9. Follow best practices for note taking.

You'll need to think through how you'll transfer your in-office documentation process remotely. Documentation requirements for virtual care are the same as in-person care: Any communications or information you're using to diagnose or treat a patient remotely must end up in the medical record. This not only includes your notes, but any images or video as well.

10. Don't get frustrated — and don't give up.

The telemedicine experience isn't the same as a face-to-face conversation. There will be an initial learning curve for you, your staff, and your patients as you develop an efficient workflow and familiarize yourself with the technology. Patients understand that this is relatively uncharted territory for all of us, and they will be more forgiving than you may expect.



SECTION 11

Final considerations

11.1

Final considerations

11.2

Quick-start guide to telemedicine

SECTION 11: CONCLUSION

Final considerations

COVID-19 may have forced the world to jump headfirst into telemedicine, but the transition to virtual care as “the norm” will happen soon after. The rapid adoption of telemedicine services not only addresses current demands, but it will become the patient preference in the very near future, too. Practices and health systems that get the right technology and experience in place now will see the most long-term success.

As you embark on this journey into virtual care, continue to revisit your goals to help you evaluate the success of your program and identify areas where you may need to pivot or adjust your approach.

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Quick-start guide to telemedicine

Launching a virtual practice and offering telemedicine services isn’t unlike getting started with any new technology.

1. Find out if your malpractice insurance policy covers telemedicine.
2. Check your state’s regulations on telemedicine.
3. Familiarize yourself with payment and policy guidelines on telemedicine.
4. Find a flow that works for your office.
5. Continue to follow your in-person documentation process.
6. Get the word out about your telemedicine services so patients can find you!



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